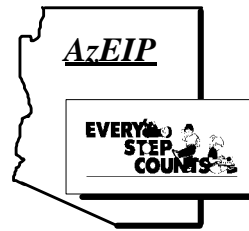


ARIZONA EARLY INTERVENTION PROGRAM  
Arizona Department of Economic Security



**CONSENT TO RELEASE OF RECORDS**

\_\_\_\_\_  
Child's Full Name (First, Middle, Last)

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Last 4 Digits of Child's SSN, if known

In accordance with the Family Educational Rights and Privacy Act of 1974 and 34 C.F.R. §99.30, I/we authorize the Arizona Early Intervention Program (AzEIP) of the Department of Economic Security to release early intervention records regarding the above named child to \_\_\_\_\_, whose address is \_\_\_\_\_  
\_\_\_\_\_

The records denoted below are to be released:

- |   |  |
|---|--|
| <input type="checkbox"/> Individualized Family Service Plan           | <input type="checkbox"/> Functional Vision Assessments |
| <input type="checkbox"/> Developmental Evaluations/Assessment         | <input type="checkbox"/> Nutritional Assessments       |
| <input type="checkbox"/> Therapy Evaluations/Assessments              | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> <input type="checkbox"/> Speech and Language | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> <input type="checkbox"/> Physical            |  |
| <input type="checkbox"/> <input type="checkbox"/> Occupational        |  |
| <input type="checkbox"/> Audiological Reports/Assessments             |  |
| <input type="checkbox"/> Psychological Evaluations                    |  |

The reason for disclosure is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent(s)/Legal Guardian(s) [only one required]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name of Parent(s)/Legal Guardian(s)